

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Marquis Collier

19 CV 5230

No. _____

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

(1) City of Mount Vernon; (2) Mount

Vernon Police Detective Camilo R. Antonini;

Do you want a jury trial?

XXXX Yes ☐ No

(3) Mount Vernon Police Officer Robert

G. Puff; (4) Mount Vernon Police Officer Patrick King

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

RECEIVED
CLERK'S OFFICE
2019 MAY 31 PM 3:14
S.D. OF N.Y.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Marquis Collier

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

200645

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Westchester County D.O.C.

Current Place of Detention

P.O. BOX 10

Institutional Address

Valhalla, New York 10595

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: City of Mount Vernon

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
2 Roosevelt Sq.		
Current Work Address		
Mount Vernon,	New York	10550
County, City	State	Zip Code

Defendant 2: Camilo R. Antonini

First Name	Last Name	Shield #
Police Detective		
Current Job Title (or other identifying information)		
2 Roosevelt Sq.		
Current Work Address		
Mount Vernon, NY 10550		
County, City	State	Zip Code

Defendant 3: Robert G. Puff

First Name	Last Name	Shield #
Mount Vernon Police Officer		
Current Job Title (or other identifying information)		
2 Roosevelt Sq.		
Current Work Address		
Mount Vernon, NY 10550		
County, City	State	Zip Code

Defendant 4: Patrick King

First Name	Last Name	Shield #
Mount Vernon Police Officer		
Current Job Title (or other identifying information)		
2 Roosevelt Sq.		
Current Work Address		
Mount Vernon, NY 10550		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: City of Mount Vernon 60 S. Third Ave. between
11 second

Date(s) of occurrence: _____

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On January 5, 2017 defendant(s) pulled over a vehicle that
Plaintiff was a passenger in and placed all vehicle occupants at
gunpoint when arrived defendant(s) Puff and Antonini. Plaintiff
and all of the vehicle occupants complied with defendant's orde-
rs. Plaintiff was immediately handcuffed and transported to
Mount Vernon Police Department. Whereas, defendants searched
the vehicle that Plaintiff was a passenger in and recovered no
contraband. However, defendant's transported this vehicle to
the Mount Vernon Police Department and allegedly discovered
a firearm. Defendant's then falsely charged Plaintiff with
Criminal Possession of a weapon in the Second degree, and
falsely confined and imprisoned Plaintiff for a period of
48 days with out cause or legal reasoning. Plaintiff was conscio-
us of the confinement, and he did not consent to it. Plaintiff
was vindicated of all charges on February 23, 2017 via a West-
chester County Court Grandjury See file # 17-0042-01 Westchester
County Court. Plaintiff avers, that the City of Mount Vernon is
deliberately indifferent to the rights of the residents of City
of Mount Vernon by failing to train and supervise its Police
officers as to probable cause requirements, prior to making an

arrest. Plaintiff further avers, that his confinement was
not privileged or supported by legal justification.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Loss of liberty; loss of privacy and freewill; violation
of rights as secured by the U.S. Const.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Compensatory damages against all defendants in the amount of

\$500,000.00 jointly and severally;

Punitive damages against all defendants in the amount of

\$1,000,000.00

Nominal damages against all defendants

and cost and Disbursements.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.


I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

May 25, 2019
Dated


Plaintiff's Signature

Marquis Collier

First Name

Middle Initial

Last Name

10 Woods Road

Prison Address

Valhalla, New York 10595

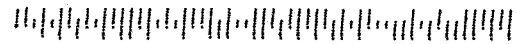
County, City

State

Zip Code

to which I am delivering this complaint to prison authorities for mailing:

May 25, 2019



MARQUIS COLLIER

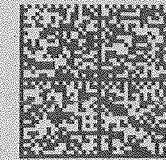
JID 200645

P.O. BOX 10

Valhalla, New York 10595

USNY
SDNY
P3

To: United States District Court
Southern District of New York
Attn: Pro Se Clerk
500 Pearl Street
New York, New York 10007



UNITED STATES POSTAGE
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*****LEGAL MAIL*****